

QUALIFYING EVENT CHART WITH DOCUMENTATION REQUIREMENTS (eff 1/1/09)

Rev 10/08

Event	Action	DOCUMENT REQUIREMENT
<i>Change in Legal Marital Status</i>		
Marriage	Add employee and/or spouse and dependents (1)(5)(11)(12) OR Drop employee/dependents if person becomes covered under spouse's plan (10)(12)	ADD Form DROP Form AND proof of obtaining other coverage – must list name and effective date (15)
Divorce, legal separation, annulment	Add employee and dependents (1) if event causes loss of coverage under spouse's plan (1)(5)(10)(11)(12), OR Drop spouse; also drop family members added to former spouse's plan (12)	ADD Form AND proof of loss of other coverage (13) DROP Form AND filed decree signed by a judge and date-stamped "filed"
Spouse's death	Add employee and any dependent who loses coverage under spouse's plan (1)(5)(10)(11)(12), OR Drop spouse (12)	ADD Form AND proof of loss of other coverage (13) DROP Form
<i>Change in Number of Dependents</i>		
Number of employee's eligible dependents increases (by birth, adoption (10), or placement for adoption (10))	Add employee and/or spouse and/or other dependents (1)(10) (11)(12)	ADD Form for "birth" ADD Form AND papers from the Cabinet for Families & Children; OR signed and date-stamped "filed" papers from the Court; OR letter from adoption agency on letterhead; OR legal document from a US Court; OR official document translated into English
Judgment, decree or administrative order relating to health coverage for a child – Adding a grandchild requires guardianship or custody papers; Adding a foster child requires placement papers from Cabinet for Families and Children or a filed and dated court decree	Add child if required under order (10)(11)(12), OR Drop child if other parent provides coverage under order (12)	ADD/DROP Form and a "filed and dated" court decree; OR Agency administrative order; OR National Medical Support Notice
Number of employee's eligible dependents decreases (e.g., by death or because child becomes ineligible)	Drop affected dependent (12).	DROP Form
<i>Change in Employee's Employment Status</i>		
Retiree terminates retirement	Terminate coverage	
Retiree or spouse gains other health insurance coverage	Terminate coverage (10)	DROP Form AND Letter from employer naming covered persons and effective date OR copy of new health insurance card for each person dropping (15)
<i>Change in Spouse or Dependent Employment Status (Dependent must continue to meet all eligibility requirements.)</i>		
Spouse or dependent loses other Employer-Sponsored Group Health Coverage (termination of employment, strike or lockout, commencement of unpaid leave, loss of eligibility under employer's plan, etc.)	Add employee, spouse, and dependents (1) if event adversely affects eligibility for coverage under spouse's or dependent's health plan (5)(10)(11)(12)	ADD Form AND Documentation of loss of coverage (13)
Spouse or dependent gains other Employer-Sponsored Group Health Coverage (by commencing employment, returning to work after a strike or lockout, returning from unpaid leave, gaining eligibility under the employer's plan, etc.)	Drop employee, spouse, or dependent who becomes covered under spouse's or dependent's plan (7)(10)(12)(15)	DROP Form AND Letter from employer on company letterhead naming persons covered and the date insurance becomes effective OR copy of new health insurance identification card with coverage effective date (15)
Other change in spouse's or dependent's employment status that causes spouse or dependent to cease to be eligible for coverage under spouse's or dependent's plan (e.g., switch from salaried to hourly status)	Add employee, spouse, and dependent (1)(5)(10)(11)(12)	ADD Form AND Documentation of loss of coverage (13)
Other change in employment status that causes spouse or dependent to gain eligibility for coverage under spouse's or dependent's plan (e.g., switch from hourly to salaried status)	Drop coverage for employee, spouse, or dependent who becomes covered under spouse's or dependent's plan (10)(12)	DROP Form AND Letter from employer on company letterhead naming persons covered and the date insurance becomes effective OR copy of new health insurance identification card with coverage effective date (15)
<i>Change in Dependent Eligibility</i>		
Dependent ceases to satisfy plan eligibility requirements (on account of age, marriage, support and maintenance, etc.)	Drop coverage for dependent (12)	DROP Form

Event	Action	DOCUMENT REQUIREMENT
<i>Change in Residence</i>		
Employee, spouse, or dependent changes primary (6) residence and becomes eligible/ineligible for KEHP	Make election change that corresponds with event	NEW APPLICATION to enroll or waive
<i>Other Events</i>		
Loss of other (group, individual, short-term, student) health insurance coverage (not self-terminated) that entitles employee or family member to be enrolled under HIPAA	Add employee (1)(10)(11)(12), OR Add spouse and/or dependent(s) (1)(5)(10)(11)(12)	APPLICATION AND HIPAA certificate of prior coverage, or letter typed on agency letterhead OR letter from insurance company identifying the coverage termination date (13) and persons covered by the policy (14)
Employee, spouse, or dependent enrolled in employer's health plan becomes entitled to Medicare	Make an election change that corresponds to the event (10)(12)	DROP Form AND copy of Medicare card; OR initial eligibility letter from Medicare Office
Employee, spouse, or dependent enrolled in employer's health plan becomes entitled Medicaid	Make an election change that corresponds to the event (10)(12)	DROP Form AND initial eligibility letter from Medicaid
Employee, spouse, or dependent loses entitlement to Medicare, Medicaid, KCHIP, any governmental group health insurance coverage	Commence or increase coverage of that employee, spouse, or dependent (1)(5)(10)(11)(12)	APPLICATION or ADD Form AND HIPAA certificate of prior coverage or termination letter from government agency under which previous coverage was held
<i>Change in Coverage Under Another Employer Plan</i>		
Employee/Retiree or spouse makes elections during an open enrollment period that differs from the open enrollment period of the employer (7)	Employee/Retiree can make election change that "corresponds" with open enrollment election (10)	APPLICATION OR ADD OR DROP AND Employer letter that identifies the open enrollment period dates, the effective date of coverage or termination, and the persons who will be covered by the plan or dropped from the plan, if applicable

and Notes:

- 1) The final regulation preamble indicates that dependents who can be added are those who were directly affected by the status change event plus other dependents (the so-called "tag-along" rule). However, the examples in the regulation only explicitly deal with situations where an employee elects family coverage and adds family members at no additional cost. It is not clear, but IRS staff members have informally stated that the "tag-along" rule applies even if the employee must increase an election to add additional dependents. Also, the preamble and examples in the regulation indicate that the "tag-along" rule applies to HIPAA events and situations where a spouse terminates employment; it is not clear what other events might be covered by the "tag-along" rule.
- 5) For purposes of eligibility in this plan, a divorced dependent is not an "unmarried" dependent.
- 6) Primary residence is the official residence claimed for tax purposes.
- 7) Military Insurance Coverage, which does not include Veteran's Administration benefits, is considered "Another Employer Plan".
- 9) An employee must request the mid-year election change within 30-35 days of the return to work date.
- 10) Supporting documentation required.
- 11) HIPAA Special Enrollment Right.
- 12) Qualifying Event permits change in plan option (Standard, Capitol Choice, and Optimum). (Retiree must request an **application** instead of Add or Drop Form.)
- 13) Loss of Coverage letter (on letterhead) must state the date insurance terminates as well as list the name(s) of those losing coverage.
- 14) Letter from insurance company should identify type of insurance coverage, reason for coverage ending, and persons who were covered by the policy.
- 15) Letter from employer on company letterhead naming persons covered and the date insurance becomes effective **OR** copy of new health insurance identification card with same information.

QE forms should be signed within 30-35 days of the QE. (If coverage terms mid-month, you cannot sign the enrollment/ADD form to begin before the termination.)

A. Events INCREASING coverage	EFFECTIVE DATE	B. Events DECREASING coverage	EFFECTIVE DATE
1. Birth, adoption, placement for adoption	Date of the event	1. Death	Date of the event
2. Marriage, loss of other coverage, court or administrative orders for dependent(s) or foster child(ren), expiration of COBRA	1 st day 1 st month from the employee signature date	2. Gaining other health insurance coverage (Medicare/Medicaid/Tricare/etc.), Different Open Enrollment	End of the month from the employee's signature date
3. Different Open Enrollment	1 st day 1 st month from the employee signature date	3. Divorce, loss of dependent status, moving out of service area	End of the month of loss of eligibility